



Grove City Planning Commission
SPECIAL USE PERMIT APPLICATION

RECEIVED

OCT 10 2016

Please provide the requested information and submit to:

DEVELOPMENT DEPARTMENT
 4035 BROADWAY
 GROVE CITY, OHIO 43123
 614-277-3004

grovecityohio.gov/development

PROJECT / PROPERTY INFORMATION

PROJECT NAME: Brew Thru
 PROJECT LOCATION: 3188 Southwest Blvd
STREET ADDRESS (OR NEAREST INTERSECTION WITH DISTANCE AND DIRECTION)
 PARCEL ID NUMBER: 040-005822 ACREAGE AFFECTED BY THIS APPLICATION: .911 acres
 EXISTING ZONING: C-2 EXISTING LAND USE: Drive-thru sales
 PROPOSED ZONING: C-2 PROPOSED LAND USE: Drive-thru sales

PROPERTY OWNER INFORMATION

Note: Property ownership information is to reflect how the property is held in accordance with the Franklin County Auditor's Office.
Bassam Kria (H) 7010 Dean Farm Rd. New Albany, Oh 43054
 Name Address City, State, Zip
740-507-5225
 Phone Fax Email

APPLICANT INFORMATION

Note: The applicant is the person(s) or entity seeking approval of this application.
Deana Rosser CO-Owner Brew Thru
 Name Title Company / Organization
181 White Barn Pkwy Ostrander OH 43061
 Address City State, Zip
614-633-5842 deana.steve@advc.com
 Phone Fax Email

AUTHORIZED REPRESENTATIVE Check box if same as Applicant: ☒

Note: The authorized representative is the person(s) or entity representing the applicant. As the authorized representative you have the proper authority to speak, represent and make commitments on behalf of the applicant. The City does not take any responsibility for the lack of communication between the authorized representative, applicant or related parties.

Name Title Company / Organization
 Address City State, Zip
 Phone Fax Email

Relationship to the Applicant: (e.g. legal counsel, engineer, architect, land planner, contractor, etc.)

SUBMITTAL REQUIREMENTS

Instructions: All blanks/boxes must be completed or checked in order for the application submittal to be considered complete. The submittal shall include the required number of copies (properly folded and collated) and contain all required supplementary documentation. Submitted materials shall be accurate, measurable and shall address all required checklist items contained within the attached supplemental requirements.

Fee Calculation		Submittal Items	(check box)
Application Fee:	\$ 100.00	Completed Application (signed and notarized):	<input type="checkbox"/>
		Submittal Fee:	<input type="checkbox"/>
		Ten (10) Copies of Plans (folded and collated):	<input type="checkbox"/>

PROPERTY OWNER AUTHORIZATION OF APPLICANT SUBMITTAL AND SITE VISIT(S)

I Bassam Kred, the current property owner hereby authorize the applicant Deana Rosser to submit this application. I agree to be bound by all representations and agreements made by the applicant and/or their authorized representative.

Additionally, as the current property owner, knowing that site visits to the property may be necessary, I hereby authorize City representatives to visit and/or photograph the property described in this application.

Signature of Current Property Owner: [Signature] Date: 10/2/16

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 2nd day of October, 2016

Official Seal and Signature of Notary Public

**APPLICANT'S / AUTHORIZED REPRESENTATIVE'S AFFIDAVIT**

I Deana Rosser, the applicant or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of Applicant or Authorized Representative: [Signature] Date: OCT 3rd 2016

STATE OF OHIO, COUNTY OF FRANKLIN

The above individual(s), being first duly sworn, deposes on oath and says that he/she has read the foregoing affidavit subscribed by him/her, knows the contents thereof, and that the statements therein are true.

SUBSCRIBED AND SWORN TO before me this 3rd day of October, 2016

Rebecca M. Kemper
Official Seal and Signature of Notary Public



REBECCA G. KEMPER
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES
01/05/2021

FOR OFFICE USE ONLY

DATE RECEIVED: <u>10/4/16</u>	RECEIVED BY: <u>mh</u>	PAYMENT AMOUNT: <u>\$100.00</u>
TENTATIVE PC MEETING DATE: <u>11/8/16</u>	PC RECOMMENDATION:	CHECK NUMBER: <u>5779</u>
PROJECT ID NUMBER: <u>201610040069</u>		